

FORM 2*

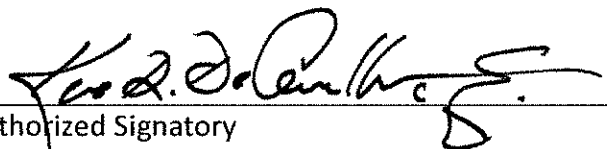
Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Name Gregory Filippo	Title President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Barrington	State RI	ZIP 02806	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]		
Name Samantha Filippo	Title Sec., Treas.	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Barrington	State RI	ZIP 02806	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]		
Name Richard Filippo	Title Owner/Investor	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Riverside	State RI	ZIP 02915	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]		
Name Brian Vandehey	Title Owner/Investor	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Scottsdale	State RI	ZIP 85251	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]		
Name Fernando Coelho	Title Owner/Investor	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Clearwater	State FL	ZIP 33726	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]		
Name James S. Filippo, Jr.	Title	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

		Owner/Investor			
Address [REDACTED]		City Marblehead	State MA	ZIP 01945	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]	
Name Ray C. Luedtke Jr.		Title Owner/Investor	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Issaquah	State WA	ZIP 98029	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.			
Name	Date of Birth	SSN/FEIN	Interest



 Authorized Signatory

 Kas R. DeCarvalho, Esq., Asst. Sec.

 Printed Name

4/3/2018

 Date